

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 09, 2007 8:00 am**  
**Secretary of State**

07-09-2007 90050 038 \*\*\*150.00

DOCUMENT # F92000000234

1. Entity Name  
SIMCOM INC.



Principal Place of Business  
5000 NW 36TH STREET  
MIAMI, FL 33122

Mailing Address  
PO BOX 660920  
MIAMI SPRINGS, FL 33266-0920 US

40123650



2. Principal Place of Business - No P.O. Box #

6989 LEE VISTA BLVD  
Suite, Apt. #, etc.

3. Mailing Address

6989 LEE VISTA BLVD  
Suite, Apt. #, etc.

07032007 Chg-P CR2E034 (12/06)

City & State

Orlando FL  
Zip 32822 Country US

City & State

Orlando FL  
Zip 32822 Country US

4. FEI Number

65-0367984

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME CHILDS, JOHN  
STREET ADDRESS 5000 NW 36 ST  
CITY-ST-ZIP MIAMI, FL 33122

TITLE DP ☐ Delete  
NAME DAVID, WALTER W  
STREET ADDRESS 5000 NW 36TH STREET  
CITY-ST-ZIP MIAMI, FL 33122

TITLE D ☒ Delete  
NAME YUN, EDWARD D  
STREET ADDRESS 5000 NW 36 ST  
CITY-ST-ZIP MIAMI, FL 33122

TITLE DEVP ☒ Delete  
NAME CUTRONE, VITO A  
STREET ADDRESS 5000 NW 36TH STREET  
CITY-ST-ZIP MIAMI, FL

TITLE CFOE ☐ Delete  
NAME ROBERT, TURNER  
STREET ADDRESS 5000 NW 36TH STREET  
CITY-ST-ZIP MIAMI, FL 33122

TITLE D ☐ Delete  
NAME HOPKINS, GLENN  
STREET ADDRESS 5000 NW 36 ST  
CITY-ST-ZIP MIAMI, FL 33122

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 6989 LEE VISTA BLVD  
CITY-ST-ZIP ORLANDO FL 32822

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 6989 LEE VISTA BLVD  
CITY-ST-ZIP ORLANDO FL 32822

TITLE ☐ Change ☒ Addition  
NAME TRACY BRANNON  
STREET ADDRESS 6989 LEE VISTA BLVD  
CITY-ST-ZIP ORLANDO FL 32822

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 6989 LEE VISTA BLVD  
CITY-ST-ZIP ORLANDO FL 32822

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 6989 LEE VISTA BLVD  
CITY-ST-ZIP ORLANDO FL 32822

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 6989 LEE VISTA BLVD  
CITY-ST-ZIP ORLANDO FL 32822

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Robert Turner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT  
TURNER

7/5/07

407 275 3900

Date

Daytime Phone #